DESI A. CIT CON Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2000 09, 93969/													
ALAMA AARUED BARTI													
(Column 1) (Column 2)									SMALL E TYPE T	YIIIY	00	OTHER SMALL	
TOTAL CLAIMS				100.0				۱. ا			OR		-
TOTAL CLAIMS			/1		3.4			RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		. ^	A		X\$ 9=	<u> </u>	1	X\$18=		
								VA 97		OR	V2107		
INDEPENDENT CLAIMS			2 minus 3 =		0	<u> </u>		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PR				RESENT 🗍					405		1	070	
				100 Abra 100				' [+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II											•	OTHER	THAN
(Column 1)				(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A			CLAIMS EMAINING		HIGH	BER	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-
			AFTER		PREVIO					TIONAL			TIONAL
		AM	ENDMENT		PAID	FOR	~	 		FEE			FEE
	Total		7	Minus	7	<u>) </u>	- Ø		X\$ 9=		OR	X\$18=	
	Independent	•	2	Minus	··· '3	3	= '(1)	lſ	X40=		OR	X80=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /												·
								ŀ	+135=		OR	+270=	
				:					TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
		10	aluma 41		(Column 2) (Column 3)					·		ADUM. FEET	
	. The same are a second as	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		e de la companya de l	HIGH		(Column 3)	'n r		ADDI-	•		
AMENDMENT B	ing a second			PREVIO		PRESENT EXTRA	11	RATE	TIONAL	1 1	RATE	TIONAL	
					PAID		EATRA	l		FEE			FEE
	Total		3	Minus	70)	- 0	H	X\$ 9=		OR	X\$18=	
	Independent		<u> </u>	Minus	J		=/6/	1 H			Ŭ.,		
	FIRST PRESENTATION OF MU			ILTIPLE DEF	ENDENT	CLAIM	AIM /		X40=		OR	X80=	
									+135=		OR	+270=	
									TOTAL			YOYAL	
									DDIT. FEE		OR	ADDIT. FEE	
		olumn 1)											
AMENDMENT C			CLAIMS EMAINING		HIGH NUM PREVIO	BER	PRESENT EXTRA			ADDI-			ADDI-
		·	AFTER						RATE	TIONAL		RATE	TIONAL
	7.4-1	AN	ENDMENT	10			K	1 }		FEE		<u></u>	FEE
	Total	<u> </u>	15	Minus	" 2	0	1 - K/	1 L	X\$ 9=		OR	X\$18=	
Į	Independent	Ŀ	3	Minus	<u> </u>	<u> </u>	= 0	1 [X40=		00	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	<u> </u>	
			,		+135=		OR	+270=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE													
•••	II the "Highest No	mper	Previously P	aid For IN TH	S SPACE	is less tha	an 3, enter "3."		ODIT. FEE		•	ADDIT. FEE	•
	The "Highest Nun	nber f	reviously Pal	o For (Total o	r Independ	ient) is the	a nignest numb	er fou	ud iu me sb	biobuate po	x iu co	EURTIN 1.	1